## **BEST AVAILABLE COPY**

| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000   |  |   |                                    |           |                              |                                      |            |                   |                        |               |                               |                        |
|--|--|---|------------------------------------|-----------|------------------------------|--------------------------------------|------------|-------------------|------------------------|---------------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                                    |           |                              |                                      |            | SMALL ENTITY TYPE |                        |               | OTHER THAN<br>OR SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |   | 24                                 |           |                              |                                      |            | RATE.             | FEE                    |               | RATE                          | FEE                    |
| FOR  |  |   | NUMBER FILED                       |           | NUMBER EXTRA                 |                                      |            | BASIC FEI         | 355.00                 | OR            | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 24 minus 20=                       |           | . 4                          |                                      |            | X\$ 9=            | 36                     | OR            | X\$18=                        |                        |
| INDEPENDENT CLAIMS   |  |   | 2 minus 3 =                        |           |                              |                                      | Ī          | X40=              |                        | OR            | X80=                          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PI   | RESENT                             |           |                              |                                      | t          | +135=             |                        |               | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                                    |           |                              |                                      | l          | TOTAL             | 291                    | OR<br>OR      | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                                    |           |                              |                                      |            | , , , , ,         | 5//                    | , , ,         | OTHER                         | THAN                   |
| (Column 1) (Column 2) (Column 3  |  |   |                                    |           |                              |                                      | _          | SMALL             | ENTITY                 | OR            | SMALL                         |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                   |                                    | PREVI     | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |            | RATE              | ADDI-<br>TIONAL<br>FEE |               | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                              | **        | -                            | =                                    |            | X\$ 9=            |                        | OR            | X\$18=                        |                        |
| ME   | Independent                                    | *   | Minus ***                          |           |                              | <u> </u>                             |            | X40=              |                        | OR            | X80=                          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |           |                              |                                      | <b>!</b>   | +135=             |                        | OR            | +270=                         |                        |
|  |  |   |                                    |           |                              |                                      |            | TOTAL             |                        |               | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                    |           |                              |                                      |            | ADDIT. FEE        | : L                    |               | ADDIT. FEE                    |                        |
| 8  |  | CLAIMS<br>REMAINING   |                                    | HIG       | HEST<br>MBER                 | PRESENT                              | 1          |                   | ADDI-                  |               |                               | ADDI-                  |
|  |  | AFTER AMENDMENT   |                                    |           | OUSLY<br>FOR                 | EXTRA                                |            | RATE              | TIONAL<br>FEE          |               | RATE                          | TIONAL<br>FEE          |
| NDMENT   | Total  | •   | Minus                              | ••        |                              | =                                    | ]          | X\$ 9=            |                        | OR            | X\$18=                        |                        |
| AME  | Independent                                    | *   | Minus                              | •••       |                              | <u> </u>                             | 1 [        | X40=              |                        | OR            | X80=                          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |           |                              |                                      | <b>ا</b> ا | +135=             |                        | OR            | +270=                         |                        |
|  | TOTAL  |   |                                    |           |                              |                                      |            |                   |                        | OR            | TOTAL<br>ADDIT. FEE           |                        |
| ADDIT. FEE   |  |   |                                    |           |                              |                                      |            |                   |                        |               |                               | <u> </u>               |
|  |  | CLAIMS  |                                    | HIG       | HEST<br>MBER                 |                                      | ٦ r        |                   | ADDI-                  | 1             |                               | ADDI-                  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT                             |                                    | PREV      | IOUSLY<br>FOR                | PRESENT<br>EXTRA                     |            | RATE              | TIONAL<br>FEE          |               | RATE                          | TIONAL<br>FEE          |
|  | Total  | •   | Minus                              | **        |                              | =                                    | ] [        | X\$ 9=            |                        | OR            | X\$18=                        |                        |
|  | Independent                                    | •   | Minus                              | ***       |                              | ]=                                   | ┧┇         | X40=              |                        | OR            | X80=                          | 1                      |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDE         |   |                                    | PENDEN    | IT CLAIN                     |                                      | <b> </b>   |                   |                        | 1             |                               | <b> </b>               |
|  | If the entry in colu                           | umn 1 is less than  | the entry in col                   | umn 2. wr | ite "0" in α                 | olumn 3.                             |            | +135=             |                        | OR            | +270=                         | <u> </u>               |
| ••   | If the "Highest No                             | umber Previously I<br>umber Previously<br>mber Previously P | Paid For" IN TH<br>Paid For" IN TH | IIS SPACE | is less that<br>is less th   | an 20, enter "2(<br>an 3, enter "3." |            | ADDIT. FEI        | <b>Ĕ</b> L             | OR<br>ox in a | ADDIT. FEE                    | <u></u>                |

**Application or Docket Number**